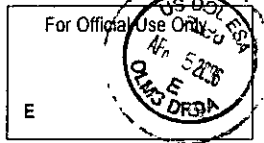


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 09906	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name William E Arnault P.O. Box, Bldg., Room No., if any Street 8676 CAUGHDENY ROAD City CLAY State New York ZIP Code + 4 13041	4. Name, file number, and address of labor organization. Name TEAMSTERS LOCAL UNION 317 Labor Organization File Number 048-830 P.O. Box, Building and Room Number, if any PO BOX 11037 Street 566 SPENCER STREET City SYRACUSE State New York ZIP Code + 4 13204
5. Position in labor organization. BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>William E. Arnault</u>	On <u>3/27/2006</u> Date	<u>315-699-6000</u> Telephone Number

Name of Person Filing William Arnault

File Number U- 09906

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 317 HEALTH AND WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 11037

Street 566 SPENCER STREET

City SYRACUSE

State New York ZIP Code + 4 13204

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH AND WELFARE BENEFITS TO PARTICIPANTS OF THE FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSED EXPENSES FOR ATTENDED CONFERENCE ON FEBRUARY 14-15, 2005.

12.b. Amount.

\$1,950

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.